

373708

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Martinelli
Serial Number: 09/494,213
Filing Date: January 24, 2000
Title: Method and System for Navigating a Catheter Probe
Docket Number: MRTK-001RECON (56300-036)
Examiner: Shaw, S. J.
Art Unit: 3737

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on the date set forth below.

September 12, 2002
Date of Signature
and of Mail Deposit

By Erin Shea
Erin Shea

Assistant Commissioner For Patents
Washington, DC 20231

Sir:

TRANSMITTAL LETTER

Applicants enclose herewith for filing in connection with the above-referenced patent application the following documents:

1. Amendment Transmittal Letter (Large Entity);
2. Amendment "A";
3. Supplemental Reissue Application Declaration;
4. Copy of Petition for Correction of Inventorship of Patent;
5. Assignee Certified Under 37 C.F.R. § 3.73 (b)
6. Three Month Extension of Time;
7. Check for \$ \$920 (Three Month Extension Fee); and
8. Acknowledgement postcard.

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No additional costs are believed to be due. However, the Commissioner is authorized to charge and/or credit Deposit Account No. 50-1133 for any additional fees and/or overpayment.

Respectfully submitted,

McDERMOTT, WILL & EMERY

Date: September 12, 2002

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Boston, MA 02109
Tel. 617-535-4039
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AMENDMENT TRANSMITTAL LETTER (Large Entity)

Applicant(s): M. Martinelli et al

Docket No.

56300-036 (MRTK-1RECON)

Serial No.
09/494,213

Filing Date
1/24/00

Examiner
Shaw, S.J.

Group Art Unit
3737

Invention: METHOD AND SYSTEM FOR NAVIGATING A CATHETER PROBE

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

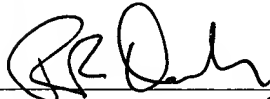
Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	12 -	47 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	6 -	12 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1133
A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 CFR 1.17.



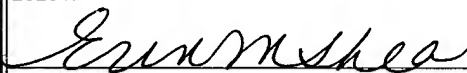
Signature

Dated: September 12, 2002

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ERIN M. SHEA

Typed or Printed Name of Person Mailing Correspondence

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